

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040113

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10056

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 29 1962

1. PLACE OF DEATH
 a. COUNTY **St. Louis, Mo.**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Firmin Desloge Hosp** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **St. Louis**
 c. CITY OR TOWN **Affton, Mo.** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **8230 Villaton Dr.** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
RICHARD O COLWELL

4. DATE OF DEATH Month Day Year
October 19, 1962

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **5-1-1917** 9. AGE (last birthday) **45** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during past 12 months) **Insurance Adjuster-Gen. Adj. Bureau** 10b. KIND OF BUSINESS OR INDUSTRY **Hull, Illinois** 11. BIRTHPLACE (City and state or country) **Hull, Illinois** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Edward S. Colwell** 13b. MOTHER'S MAIDEN NAME **Mabel Orr** 14. NAME OF HUSBAND OR WIFE **Marie S. Colwell**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) **No** 16. SOCIAL SECURITY NO. **No** 17. INFORMANT Address **Marie S. Colwell 8230 Villaton Dr.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **myocardial infarction** INTERVAL BETWEEN ONSET AND DEATH **3 days**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerotic heart disease** **10 yr.**
 DUE TO (c) **Diabetes mellitus** **30 yr.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **260x**

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **1959** to **19 Oct 1962** and last saw him alive on **19 Oct 1962**
 Death occurred at **8:15 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Joseph B. Uccia M.D.** 22b. ADDRESS **3915 Wilson Rd.** 22c. DATE SIGNED **19 Oct 62**

23a. BURIAL, CREMATION, or other disposal **Inter** 23b. DATE **10-22-62** 23c. NAME OF CEMETERY OR CREMATORY **Hull Ill Cemetery** 23d. LOCATION (City, town, or county) (State) **Hull, Illinois**

24. FUNERAL DIRECTOR ADDRESS **Kriegshauser 4228 S. Kingshighway** 25. DATE RECD. BY LOCAL REG. **OCT 20 1962** 26. REGISTRAR'S SIGNATURE **Robert Smith, M.D.**

VS 300 Rev. 4/59
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR OR TYPEWRITER RIBBON

Al. Vaeca
3915 Watson Rd - M^o. - 7-4221

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *B.W. Steward*

Licensed Embalmer No. 4007

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.